

In re PIERCE, JUDITH M.

/ Debtor

Case No. \_\_\_\_\_

(if known)

**SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim.  If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 5396429125652679		5/01 Credit Card				\$ 12,700.00
Creditor # : 1 AT & T Universal Card PO Box 8029 South Hackensack NJ 07606-8029						
Account No:		AT & T Universal Card Atten Recovery Dept PO Box 44195 Jacksonville FL 32231-4195				
Representing: AT & T Universal Card						
Account No: 373028922063003		5/01 Credit Card				\$ 5,000.00
Creditor # : 2 American Express PO Box 0001 Los Angeles CA 90096-0001						
Account No: 3727-65642161002		1/01 Credit Card				\$ 7.00
Creditor # : 3 American Express 16 General Warren Blvd Malvern PA 19355						
Account No: 371511529432004		5/01 Credit Card				\$ 25,000.00
Creditor # : 4 American Express Blue Card PO Box 0001 Los Angeles CA 90096-0001						
Subtotal \$ (Total of this page)						42,707.00
Total \$ (Report total also on Summary of Schedules)						

3 continuation sheets attached

In re PIERCE, JUDITH M.

/ Debtor

Case No. \_\_\_\_\_

(if known)

**SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: <b>372266485161001</b>		5/01 Credit Card				\$ 22,000.00
Creditor # : 5 American Express Corp Optima PO Box 0001 Los Angeles CA 90096-0001						
Account No: <b>402411600426909013</b>		5/01 Credit Card				\$ 7,500.00
Creditor # : 6 Bank of America PO Box 53132 Phoenix AZ 85072-3132						
Account No:						
Representing: Bank of America		Bank of America Atten Bankruptcy Depart PO Box 26388 Richmond VA 23260				
Account No: <b>129987040</b>		12/00 Goods				\$ 435.00
Creditor # : 7 Barbie Collectibles by Mail Payment Processing PO Box 628218 Middleton WI 53562-8218						
Account No: <b>5291151911321659</b>		701 Credit Card				\$ 543.00
Creditor # : 8 Capital One Service PO Box 26074 Richmond VA 23200						
Account No: <b>5543076840095304</b>		5/01 Credit Card				\$ 20,000.00
Creditor # : 9 Chase USA Card Holder PO Box 52050 Phoenix AZ 85072-2050						
Account No: <b>5424180440199146</b>		5/01 Credit Card				\$ 5,000.00
Creditor # : 10 Citibank PO Box 6000 The Lakes NV 89163-6000						

Sheet No. 1 of 3 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

(Total of this page)

55,478.00

Total \$

(Report total also on Summary of Schedules)

In re PIERCE, JUDITH M.

/ Debtor

Case No. \_\_\_\_\_

(if known)

**SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim
	H—Husband W—Wife J—Joint C—Community					
Account No:						
Representing: Citibank		Citibank Atten Bankruptcy Dept PO Box 20507 Kansas City MO 64195-0507				
Account No: 4128003638256955		4/01 Credit Card				\$ 20,000.00
Creditor # : 11 Citibank PO Box 6000 The Lakes NV 89163-6000						
Account No:						
Representing: Citibank		Citibank Atten Bankruptcy Dept PO Box 20507 Kansas City MO 64195-0507				
Account No: 6011000600110559		5/01 Credit Card				\$ 25,000.00
Creditor # : 12 Discover Credit Card Service PO Box 30395 Salt Lake City UT 84130-0395						
Account No:						
Representing: Discover Credit Card Service		Discover Financial Services In PO Box 8003 Hilliard OH 43206-8003				
Account No: 4417110510903178		5/01 Credit Card				\$ 32,500.00
Creditor # : 13 First USA Bank, NA PO Box 50882 Henderson NV 89016-0882						
Account No:						
Representing: First USA Bank, NA		First USA Bank NA Atten Bankruptcy Support PO Box 149265 Austin TX 78714-9265				

Sheet No. 2 of 3 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

(Total of this page)

77,500.00

Total \$

(Report total also on Summary of Schedules)

In re PIERCE, JUDITH M.

/ Debtor

Case No. \_\_\_\_\_

(if known)

**SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n u a t i o n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: CON604/060131-7/108		2/01 Medical Bills				\$ 51.00
Creditor # : 14 George Hubert MD c/o Grant & Weber PO Box 8669 Calabasas CA 91372-8669						
Account No: CON601-060102-3/036		2/01 Medical Bills				\$ 363.00
Creditor # : 15 Los Robles Radiology c/o Grant & Weber PO Box 8669 Calabasas CA 91372-8669						
Account No: 7267104		1/01 Services				\$ 500.00
Creditor # : 16 Verizon PO Box 5321 Inglewood CA 90313-5321						
Account No: 5412-8424-1070-4429		4/01 Credit Card				\$ 7,500.00
Creditor # : 17 Wachovia Bank PO box 15256 Wilmington DE 19886						
Account No: 3743063484		7/01 Over draft				\$ 1,000.00
Creditor # : 18 Washington Mutual Bank Westlake Village Financial Ctr 248 Hampshire Rd Westlake Village CA 91361						
Account No:						
Account No:						
Sheet No. <u>3</u> of <u>3</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal \$ (Total of this page)			9,414.00
			Total \$ (Report total also on Summary of Schedules)			185,099.00